

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/533257** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2								52					
3								53					
4								54					
5								55					
6								56					
7		6						57					
8		6						58					
9		6						59					
10		6						60					
11		6						61					
12		6						62					
13		6						63					
14		6						64					
15		6						65					
16		6						66					
17		6						67					
18		6						68					
19		6						69					
20		6						70					
21		6						71					
22		6						72					
23		6						73					
24		6						74					
25		6						75					
26		6						76					
27		6						77					
28		6						78					
29		6						79					
30		6						80					
31		6						81					
32		6						82					
33		6						83					
34		6						84					
35		6						85					
36		6						86					
37		6						87					
38		6						88					
39		6						89					
40		6						90					
41		6						91					
42		6						92					
43		6						93					
44		6						94					
45		6						95					
46		6						96					
47		6						97					
48		6						98					
49		6						99					
50		6						100					
TOTAL IND.	1		1		1			TOTAL IND.					
TOTAL DEP.	36	←	19	←	19	←		TOTAL DEP.					
TOTAL CLAIMS	37		20		20			TOTAL CLAIMS					